	PATENT		ATION FEE Effective Jan	RD	1/2002009								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LE	NTITY	OR	OTHER		16
TOTAL CLAIMS			2	21			TYPE		FEE	1	RATE	FEE	ŀ
FOR			NUMBI	NUMBER FILED		NUMBER EXTRA		FEE	375.00	OR	BASIC FEE	750.00	ć
TOTAL CHARGEABLE CLAIMS			MS 21	2 / minus 20=		. /		9=			X\$18=	15	V
INDEPENDENT CLAIMS				4 minus 3 =						OR		18	ľ
_			NM PRESENT					2= 	 	OR	X84=	84	
							+14	0=		OR	+280=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	852	
9/9/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIM REMAIN AFTE AMENDM	IING R	NUM PREVIO PAID	BER	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	Minus	· ć	21	.00	X\$	9=		OR	X\$18 _≂	Ø	
	Independent	٠ ر	Minus	she .	4	-0	X4	2=		OR	X84=	D	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=	- 1	
							+14	O= OTAL		OR	TOTAL	à	
7	122/00	O (Colum	- 41	(Oak.	0	(Oa) :== 0	ADDIT.		<u> </u>	OR	ADDIT. FEE	al	ł
AMENDMENT B	0010	OCO.	10	(Colur HIGH	EST	(Column 3)			ADDI-			ADDI-	
		REMAIN AFTE AMENDM	B	PREVIO PAID	DUSLY	PRESENT EXTRA	RA	ΓE	TIONAL FEE		RATE	TIONAL	
	Total	. /	7 Minus	* 6	4	- D	X\$	9=		OR	X\$18=	D	
	Independent	· 4	Minus	*** (1_	. 0	X42)=		OR	X84=	X	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		135	
							+14			OR	+280=		
							ADDIT.	FEE		OR	TOTAL ADDIT. FEE	0/	
		(Column CLAIM		(Colur		(Column 3)						•	
AMENDMENT C		REMAIN AFTEI AMENDM	ING R	NUMI PREVIO PAID	BEA	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	¥	Minus	**		œ	X\$ 9)=		OR	X\$18=		
	Independent	٠	Minus	629		•	-	-				·	
	FIRST PRESE	NTATION (OF MULTIPLE C	LTIPLE DEPENDENT			X42	=	OR OR		X84=		
	I the entry in eat-	me t la lac-	than the material	-	hat i		+140)=		OR	+280=		
***	if the "Highest Nu If the "Highest Nu	mber Previou	than the entry in c usty Paid For th 1 usty Paid For th 1 sty Paid For (Total	THIS SPACE IS THIS SPACE I	less that less that	n 20, enter "20." n 3. enter "3."	ADDIT.		oropriale box		TOTAL ADDIT, FEE umn 1.		

Application or Docket Number